



CALIFORNIA DEPARTMENT OF **VETERANS AFFAIRS**

REHABILITATION THERAPIST, STATE FACILITIES (RECREATION) Supplemental Application Examination

Please read and follow these instructions carefully.

This examination will consist solely of the attached Supplemental Application questionnaire, which will be used to evaluate your qualifications as they relate to the *Rehabilitation Therapist, State Facilities (Recreation)* classification. The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Names of successful candidates will be merged onto the eligible list based on their final scores. The eligible list will be used by the California Department of Veterans Affairs to fill existing positions at the **Veterans Homes of California in Barstow, Chula Vista, Fresno, Lancaster, Redding, Ventura, and/or West Los Angeles.**

A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

The instructions below should be read carefully and understood before completing this examination. Failure to do so may result in an inability to process your Supplemental Application Questionnaire and disqualification from this examination.

It is required that you personally complete this Supplemental Application Questionnaire accurately and without assistance. The information that you provide will be verified prior to employment. Providing false information on this supplemental application could result in removal from the examination process, removal from the eligible list, loss of State employment, and/or loss of the right to compete in any future State examinations. Please read and sign the affirmation below:

This Affirmation must be completed

The law requires that all State civil service examinations to be confidential and impartial and provides legal remedies to be taken against persons impairing the fairness of the testing procedure. Discussing or providing information to other competitors or interested persons about the questions or procedures of this examination is a violation that may result in cancellation of the candidacy of any competitor or the entire examination.

As a participant, I hereby certify that I will maintain the confidentiality of this examination and that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I understand that if it is discovered that I have made any false representations, I will be removed from the eligible list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE _____ DATE: _____

NAME (PRINTED): _____

Mail your completed Supplemental Application Questionnaire **and** a Standard State Application Form STD 678 to the address listed on Page 2. You may download a copy of the Form STD 678 from the CalHR's web site at: <http://jobs.ca.gov/pdf/std678.pdf>

For Mailing Instructions, please see Page 2.

MAILING INSTRUCTIONS: You cannot submit this Supplemental Application Questionnaire electronically. Your completed Supplemental Application Questionnaire **AND** a Standard State Application Form (STD Form 678) must be mailed or filed in person to the following address:

California Department of Veterans Affairs
1227 O Street Room 404
Sacramento, CA 95814
Attn: Rehabilitation Therapist- Recreation Exam

Be sure to enter your name on the space provided on EACH PAGE.
Make and keep a copy of the completed Supplemental Application for your records.
Your completed Supplemental Application **must** include your original signature.

For further filing instructions and/or other questions, please refer to the Examination Bulletin at www.jobs.ca.gov, or you may call the Department at (916) 653-2535.

SECTION I – MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (STD Form 678) clearly indicates your education and experience needed to meet the minimum qualifications for this examination.

Minimum Qualifications: Completion of an approved clinical internship in the appropriate rehabilitation specialty in an approved hospital or rehabilitation center affiliated with the college. (Individual who are registered or certified with the appropriate therapy association but who have not completed a clinical internship because it was not a component of the academic program at the time are required to have completed a minimum of two years' full-time paid experience in a clinical, residential, or community-based setting after receipt of the required degree to be admitted into the exam.) **AND**

Equivalent to graduation from a recognized college with major work in therapeutic recreation, or in recreation with an emphasis in therapeutic recreation, or certification as a registered recreator with specialization in therapeutic recreation by the California Board of Park and Recreation personnel, or the National Therapeutic Recreation Society, or eligibility for such certification. (Registration as a senior in a recognized institution will admit applicants into the exam, but they must produce evidence of graduation or its equivalent before being considered eligible for appointment.)

SECTION II – JOB REQUIREMENTS

Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of these job requirements, it will be grounds for elimination from the examination process.

	YES	NO
1. Are you willing to abide by and adhere to the policies and procedures at the Veterans Home of California and the California Department of Veterans Affairs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you willing to undergo annual health review?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you willing to keep current with the completion of all required training?	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION III – WORK EXPERIENCE (A)

Instructions (Items 4 – 10): Using the rating scale provided below, you will rate your experience in accordance to specific job-related knowledge and abilities. Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item by marking the corresponding box from the scale provided. You must check only one box for each item.

In responding to each item, you may refer to your Rehabilitation Therapist student clinical and/or professional work experience.

Rating Scale:

A - I do not possess this knowledge or ability.

B - I have applied this knowledge or ability for less than 1 year.

C - I have applied this knowledge or ability for at least 1 year but less than 3 years.

D - I have applied this knowledge or ability for at least 3 years but less than 5 years.

E - I have applied this knowledge or ability for 5 years or more.

#	Test Items:	A – No knowledge or ability	B – Less than 1 year	C – At least 1 year but less than 3 years	D – At least 3 years but less than 5 years	E – 5 years or more
4.	Knowledge of principles, procedures, techniques, trends and literature of rehabilitation services, especially those relating to mental, physical, developmental or geriatric needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Knowledge of the process of restoration, maintenance, development of capabilities, to aid in the development of treatment plans and determine appropriate habilitative/rehabilitative objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Knowledge of characteristics of mental, emotional, physical and developmental disorders, current trends in mental health, public health and public welfare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Ability to utilize and effectively apply required technical knowledge of rehabilitative therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Ability to secure accurate clinical data and record such data systematically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Ability to compose clear, accurate, and concise reports in order to communicate findings, enhance therapy, and comply with departmental policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Objective and empathetic understanding of the mental, physical, developmental, or geriatric needs of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION IV – WORK EXPERIENCE (B)

Instructions (Items 11 – 23): Using the rating scales provided below, you will rate your experience performing specific job-related tasks. Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item by marking the corresponding box in each column that accurately reflects your work experience. You must check only one box for each item under “Years of experience” AND one box for each item under “Level at which task was performed”.

In responding to each item, you may refer to your Rehabilitation Therapist student clinical and/or professional work experience.

Rating Scale (Experience):

A – I have 0 to 6 months experience performing this task.

B – I have more than 6 months to 1 year experience performing this task.

C – I have more than 1 year to 3 years experience performing this task.

D – I have more than 3 years experience performing this task.

Rating Scale (Level):

E – I have not performed this task.

F – I have worked under direction or assisted others with task.

G – I have worked independently on task.

H – I have performed this task as an expert or trained others on this task.

#	Test Items:	Years of experience				Level at which task was performed			
		A – 0 to 6 months experience.	B – More than 6 months to 1 year experience.	C – More than 1 year to 3 years experience.	D – More than 3 years experience.	E – Not performed.	F – Performed under direction or assisted others.	G – Performed independently.	H – Performed as expert or trained others.
11.	Conduct initial assessments of patients by gathering, organizing, and analyzing information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Develop group and individual rehabilitation therapy programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Implement and direct planned rehabilitation therapy programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Instruct patients in activities and recreation techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Monitor and address safety concerns throughout therapy programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION IV – WORK EXPERIENCE (B)

#	Test Items:	Years of experience				Level at which task was performed				
		A – 0 to 6 months experience.	B – More than 6 months to 1 year experience.	C – More than 1 year to 3 years experience.	D – More than 3 years experience.		E – Not performed.	F – Performed under direction or assisted others.	G - Performed independently.	H - Performed as expert or trained others.
16.	Analyze patient participation and response to recreation activities and modify treatment program as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Document patient responses to recreation activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Recommend individualized planned treatment of patients based on assessment of rehabilitation therapy needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Encourage patients with special needs (e.g., physical, emotional, behavioral, social and/or cognitive) to acquire new skills and get involved in health-promoting leisure activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Educate patients regarding leisure resources to promote awareness of rehabilitation/habilitation opportunities and purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Provide direct one-to-one therapeutic services to patients to address specific rehabilitative needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Serve as a member of Interdisciplinary team and interact with other team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Prepare and maintain care plans, MDS, reports, schedules, forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I CERTIFY THAT ALL ANSWERS ARE TRUE AND COMPLETE

I UNDERSTAND THAT IF I DO NOT MEET THE LEGAL MINIMUM QUALIFICATIONS OR JOB REQUIREMENTS FOR THIS CLASSIFICATION, I MAY BE REMOVED FROM THE EXAMINATION OR MY NAME MAY BE WITHHELD FROM THE CERTIFICATION LIST.

SIGNATURE _____ DATE: _____

NAME (PRINTED): _____

By signing above, I hereby certify that all the information entered on this examination is true and complete to the best of my knowledge, and that if I have not met the legal minimum qualifications for this classification, I will be removed from the examination when this fact is determined. I understand that if this examination is not completed correctly, it will not be processed. I understand that I am responsible for the correctness of my responses in this examination.

SECTION V – CONDITIONS OF EMPLOYMENT

If you are successful in the exam, your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form.

Please choose the location(s) you are willing to work. You may choose more than one location; however if you are not planning to relocate or are not willing to travel to a distant job location, please do not select locations that are a long way from your residence.

- | | |
|---|--|
| <input type="checkbox"/> Barstow (3601) | <input type="checkbox"/> Redding (4504) |
| <input type="checkbox"/> Chula Vista (3702) | <input type="checkbox"/> Ventura (5609) |
| <input type="checkbox"/> Fresno (1005) | <input type="checkbox"/> West Los Angeles (1975) |
| <input type="checkbox"/> Lancaster (1938) | |

Please choose the type(s) of appointment you will accept. You may choose one or more items.
Check "(A) Any" if you are willing to accept any type of employment.

- | | |
|---|--|
| <input type="checkbox"/> Permanent Full-Time (D) | <input type="checkbox"/> Limited Term Full-Time (K) |
| <input type="checkbox"/> Permanent Part-Time (V) | <input type="checkbox"/> Limited Term Part-Time (W) |
| <input type="checkbox"/> Permanent Intermittent (T) | <input type="checkbox"/> Limited Term Intermittent (X) |
|
<input type="checkbox"/> All of the above (A) | |

THIS COMPLETES THE SUPPLEMENTAL APPLICATION

SEE PAGES 1 AND 2 FOR RETURNING PROCEDURES